

Form PTO-1594 (Rev. 07/05)

OMB Collection 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Cyvex Nutrition, Inc.

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation- State: California
☐ Other _____

Citizenship (see guidelines): _____

Additional names of conveying parties attached? ☐ Yes ☒ No**3. Nature of conveyance /Execution Date(s) :**Execution Date(s) September 8, 2003

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

2. Name and address of receiving party(ies)Additional names, addresses, or citizenship attached? ☐ Yes ☒ NoName: Laboratoires Expanscience, S.A.

Internal _____

Address: _____

Street Address: 10, Avenue de l'ArcheCity: Courbevoie Cedex

State: _____

Country: France Zip: 92419

- ☐ Association Citizenship _____
☐ General Partnership Citizenship _____
☐ Limited Partnership Citizenship _____
☒ Corporation Citizenship France
☐ Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☒ Yes ☐ No
(Designations must be a separate document from assignment)**4. Application number(s) or registration number(s) and identification or description of the Trademark.**A. Trademark Application No.(s)
76/491,148

B. Trademark Registration No.(s)

Additional sheet(s) attached? ☐ Yes ☒ No

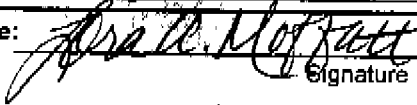
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:Name: Lora A. MoffattInternal Address: SalansStreet Address: Rockefeller Center, 620 Fifth AvenueCity: New YorkState: NYZip: 10020Phone Number: (212) 632-5500Fax Number: (212) 632-5555Email Address: lmoffatt@salans.com**6. Total number of applications and registrations involved:**

paid

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$

- ☐ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed

8. Payment Information:a. Credit Card Last 4 Numbers _____
Expiration Date _____b. Deposit Account Number _____
Authorized User Name _____**9. Signature:**

Signature

08/09/06

Date

Lora A. Moffatt

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 7Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450**TRADEMARK****REEL: 003367 FRAME: 0303****700280764**

Form PTO-1394 (Rev. 03/01) OMB No. 0551-0027 (Rev. 3/31/2002)		RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>Cyrex Nutrition, Inc.</u>		2. Name and address of receiving party(ies): <u>Name: Laboratoires Expanscience, S.A.</u> <u>Internal Address: 10, Avenue de l'Arche</u> <u>Street Address: 92419 Courbevoie Cedex</u> <u>City: Saint-Denis France Zip:</u>			
<input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation - State <u>California</u> <input type="checkbox"/> Other _____		<input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation - State <u>France</u> <input type="checkbox"/> Other _____			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If assistance is not domiciled in the United States, a domestic representative pro-designation is attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from registration) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>August 8, 2003</u>		4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>76/491,148</u> B. Trademark Registration No.(s) Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning documents should be mailed: <u>Name: Lora A. Moffatt</u> <u>Internal Address: Salans</u> <u>Street Address: Rockefeller Center</u> <u>620 Fifth Avenue</u> <u>City: New York State: NY Zip: 10020</u>		6. Total number of applications and registrations involved: <u>1</u> 7. Total fee (37 CFR 3.41): <u>\$ 40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>50-1628</u> (Attach duplicate copy of this page if paying by deposit account)			
DO NOT USE THIS SPACE					
9. Statement and signature: To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. <u>Lora A. Moffatt</u> Name of Person Signing <u>[Signature]</u> Signature <u>10/7/03</u> Date					

Total number of pages including cover sheet, attachments, and enclosures: 4
Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Bank Assignments
Washington, D.C. 20231

365474 v1

TRADEMARK ASSIGNMENT

WHEREAS, Cyvex Nutrition, Inc., a corporation organized and existing under the laws of the State of California with its principal place of business located at 1851 Kaiser Avenue, Irvine, California 92614 ("Cyvex"), has adopted, used and is using the trademark AvoflexTM, and is the owner of U.S. Application No. 76/491,148, for the trademark AvoflexTM, which was filed on February 19, 2003 ("the Trademark"); and

WHEREAS, Laboratoires Expanscience, S.A., a corporation organized and existing under the laws of France with its principal place of business located at 10, Avenue de l'Arche, 92419 Courbevoie Cedex, France ("Expanscience") is acquiring the Trademark and any and all trademark applications or registrations therefor pursuant to the Settlement Agreement dated Sept 8, 2003;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged:

(1) Cyvex hereby assigns and transfers to Expanscience all right, title and interest in and to the Trademark, and any other United States or foreign trademark applications or registrations therefor, together with the goodwill symbolized by the Trademark;

(2) Cyvex will, at its sole expense, defend and indemnify Expanscience, its affiliates, subsidiaries and parent corporations, and its respective employees, agents, shareholders, representatives, officers, directors, and all other persons or entities claiming under them and their successors and permitted assigns against any and all claims, demands, losses, liabilities, expenses, suits, causes of action, judgments, and damages including without limitation reasonable attorneys' fees and costs, based on, arising out of or connected with any actual or alleged use or infringement of the Trademark, or from the manufacture, sale or use of Cyvex's avocado-soy unsaponifiable product, occurring, or concerning any matter or transaction, prior to the date of this Trademark Assignment.

(3) Cyvex represents and warrants that there are no third party claims, and it is aware of no third party claims, involving or relating to the Trademark or Cyvex's avocado-soy unsaponifiable product.

Cyvex Nutrition, Inc.

By: 

Name:

Title:

GILBERT GLICK
PRESIDENT

DESIGNATION OF DOMESTIC REPRESENTATIVE

The undersigned hereby appoints Lora A. Moffatt, Esq., a member of the Bar of the State of New York, whose postal address is Salans, Rockefeller Center, 620 Fifth Avenue, New York, New York 10020 as Applicant's domestic representative upon whom notices or process in proceedings affecting the mark may be served.

SUBSTITUTE POWER OF ATTORNEY

The undersigned whose full post address is 10, Avenue de l'Arche, 92419 Courbevoie Cedex, France, owning all right, title and interest in the trademark referenced below, by assignment, hereby appoints as its attorneys Maxim H. Waldbaum, Esq., Jeffrey L. Laytin, Esq., Lora A. Moffatt, Esq., Mitchell Stein, Esq., Richard B. Verner, Esq., Esq., Kimberley Weate, Esq., Lori Greendorfer, Esq., and Joseph Petersen, Esq., members of the bar of the State of New York, and Lisa Rosenburgh, Esq., a member of the bar of the State of Virginia, of the firm of:

SALANS
Rockefeller Center
620 Fifth Avenue
New York, New York 10020
(212) 632-5500

with respect to the mark AVOFLEX (Serial Number 76/491,148), to prosecute the application to register, to transact all business in the Patent and Trademark Office in connection therewith, and to receive the certificate of registration. Applicant hereby revokes all previous Powers of Attorney existing in this matter.

Please direct all communications to the attention of Lora A. Moffatt, Esq. at said firm.

Dated: October 7th, 2003

LABORATOIRES EXPANSCIENCE, S.A

By: 

Name: Antoine Soto

Title: Director of Business Development

PAULA MCCRAY, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION

TRADEMARK

RECORDED: 06/27/2006

REEL: 003367 FRAME: 0307